

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  FILING DATE

APPLICANT(S)  10/342431

9/16/00

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1	1		
4		1		1		
5						
6	1		1			
7		1		1		
8		1		1		
9	1		1			
10		1		1		
11	1		1			
12		1		1		
13		1		1		
14	1					
15		1		1		
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17	1		1			
18	1		1			
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48						
49						
50						
TOTAL IND.	9		9			
TOTAL DEP.	10	←	10	←	←	
TOTAL CLAIMS	19		19			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.		←		↓		←
TOTAL CLAIMS				←		←